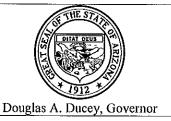
INSTRUCTIONS FOR COMPLETING THE APPLICATION PROCESS

APPLICATION FOR STATE EMPLOYEE LICENSE

The following must be submitted:

- Properly completed and notarized application.
 APPLICANT SIGNATURE DATE AND NOTARIZED DATE MUST MATCH.
- 2. A non-refundable fee of \$5 even-numbered year OR \$10 odd-numbered year. Must be a money order, certified check or cashier's check payable in US funds only to: AZVMEB. DO NOT SEND PERSONAL OR BUSINESS CHECKS. WE DO NOT ACCEPT CREDIT CARDS.
- 3. A passport type photo of the applicant (no larger than 1½" x 2" in size) taken within the preceding 6 months.
- 4. Official transcript sent directly to this Board by the AVMA accredited veterinary college from which the applicant graduated. The transcript must show graduation date and degree earned.
 - > If applicant is a *graduating student* at the time of application, a **letter from the dean** of the veterinary program must be sent directly to this Board stating projected graduation date and good standing. Graduation date must be within 45 days following the exam.
 - If applicant is a <u>recent graduate</u> at the time of application, a copy of the diploma is acceptable until the official final transcript is available.
 - If applicant is a <u>foreign graduate</u>, submit directly to this Board a copy of the ECFVG Certificate of Completion issued by the AVMA or a copy of the PAVE Certificate of Completion issued by the AAVSB.
- 5. A typewritten letter or current résumé summarizing experience and qualifications.
- 6. <u>MORAL CHARACTER REFERENCE FORM FORM INCLUDED IN THIS PACKET</u>: Three completed forms of moral character reference from persons not related to applicant and who have known applicant a minimum of three (3) years. Does not need to be completed by a veterinarian. These individuals are separate from: 8 MORAL CHARACTER LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATIONS.
- 7. NAVLE scores received within the preceding 5 calendar years of application for examination and licensure. The scores must be submitted directly to this Board from the American Association of Veterinary State Boards (AAVSB). Contact the AAVSB at (816) 931-1504 or toll free at (877) 689-8482.
- 8. If applicant is or was a licensed veterinarian in another state.
 - VERIFICATION OF LICENSURE FORM INCLUDED IN THIS PACKET: Each state or territory of the United States must send directly to this Board a verification of licensure to include current standing and status of any current investigation or discipline received for violation of a veterinary medical practice act. Applicant is responsible to request verification of licensure from each state or territory, where currently or previously licensed. Each state's process may differ, and a fee may be assessed. Response time can vary up to six (6) weeks to process.
 - MORAL CHARACTER LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATIONS FORM INCLUDED IN THIS PACKET: A letter to be sent directly to this Board from a veterinarian or colleague indicating applicant's professional qualifications and character. Cannot be from one of the three (3) individuals who submit the Moral Character Reference Form. This form may be used or the author of the letter may use his or her own letterhead. NOT REQUIRED IF YOU ARE A STUDENT OR HAVE NEVER HELD A VETERINARY LICENSE.
- 9. Arizona Statement of Citizenship and Alien Status for State Public Benefits Form and instructions for supporting documentation of citizenship included in this packet. Attach the applicable copy of proof of citizenship.
 - A. In addition to proof of citizenship documentation, a government issued photo I.D. is required, if proof of citizenship submitted is in the form of a birth certificate. If proof of citizenship is in the form of a document containing a photo, i.e. passport, permanent resident card, etc., an additional photo I.D. is not required.



Arizona State Veterinary Medical Examining Board 9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258 Phone: 602-364-1PET (1738) ♦ Fax: 602-364-1039

www.vetboard.az.gov
Victoria Whitmore, Executive Director

APPLICATION FOR A LICENSE TO PRACTICE VETERINARY MEDICINE AND SURGERY

All fees are non-refundable and are to be submitted by money order or cashier's check payable in U.S. dollars.

Alternative Format for Submitting Application

An individual with a disability who, as a result of the disability, requires this application to be in an alternative format may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known

at (800) 367-8939 to make their needs	known.	(002) 304 1730	, or voice really 5		1001 01 1111
I,	n grants authority to th ry; and that I shall m mowledge that any fal	on pursuant to A ne Board to obtain nake an oath as to sification in my a	A.R.S. 32-2213 Ar information from the contents of rapplication to the I	ticle 2: Licensing any licensing age my application an Board is adequate	g, et.seq. I ncy or board d credentials cause by the
Select the license type you are ap	plying for:	··· <u> </u>			
Regular (\$400)		Please indicat	e exam Month? _		
Endorsement (\$750)		Are you requesting a Temporary Permit: Yes No			
Specialty (\$750) State Employee (\$5 even numb	oered year/ \$10 odd nu	mbered year)			
Section 1:	PERSONAL I	NFORMATION	٧		
Name:		Maiden Nai	me:		
Mailing Address:		Ctrant	VARIA DO 20 - 1-11 - 1-1		
City Home Phone: ()	County Cell phone: ()	State Fax N	Zip umber ()	
SSN: Da	ate of Birth:		_ Gender:	Female	Male
Are you a US Citizen? Yes No	If no, what is yo	our country of cit	izenship?		
Email Address:					
How would you prefer your name					

Page 1 of 4

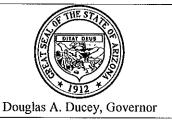
Section 2:			Educat	ion		
	e(s) of University		e(s) of idance	Date(s) of Graduation or Expected Graduation		Diploma(s) or Degree(s) Earned or to be Earned
Section 3:		CUDDENT	EMDI O	YMENT INFO	DM A TION	
Complete if appli	cable.	CURRENT	EMILO	THIENT HAPC	RWATION	
Business Name: Business Address:						
	Street			City	State	e Zip
Phone Number: (
Section 4:			Employ	ment		
If you have been en chronological orde	nployed as a vet r. If necessary,	erinarian or a v you may use an	veterinary . 1 additiona	technician durin I sheet of paper.	g the last 5 years	, please list employment in
Name of Employer		<u> </u>	Address		<u>Position</u>	Dates of Employment
Section 5:	Licenses:	List all states	in which	you are or eve	r have been lice	ensed.
State	License	Number		<u>e License</u> Franted	<u>Da</u> Active/Inac	te(s) and Status ive/Probation/ Revoked, etc.
· · · · · · · · · · · · · · · · · · ·						
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			Page 2 of	4		

Se	ction 6: You are required to answer all of the following questions. You may use a separate sheet of paper if necessary.		
1.	Have you taken the NAVLE? If so, please give the date and the state through which examination was taken. Name of State: Date Taken: NOTE: If you have taken the NAVLE within the last 5 years, your score must be sent directly to the Score transfer is NOT REQUIRED, for an application for Licensure by Endorsement or Specialty.		□ No by AAVSB.
2.	Have you ever been charged with, convicted of or pled nolo contendere to a crimina minor traffic violation, in any state or federal court? If yes, give a full explanation on a and submit a certified copy of Record of Conviction and Record of Disposition. You mif you received a pardon, the conviction was set aside, the records were expunged, you and/or whether or not sentence was imposed or suspended. Date of Occurrence(s)	separate s	sheet of paper er "yes" even
3.	Have you ever been denied a license by any state, or denied the privilege of taking a st any State Board of Veterinary Medical Examiners? If yes, please explain:		
4.	Has any license to practice veterinary medicine and surgery issued to you been revoked of If yes, please explain:	or suspend □ Yes	led? □No
5.	Has any license to practice veterinary medicine and surgery issued to you been placed you ever been fined, censored, or charged with a violation of the veterinary practice act Are you aware of any <i>pending</i> complaints, investigations, or disciplinary actions regarding your state? If yes, please explain:	in any star veterinary	te in the U.S? license in any
Se	ction 7: Foreign Graduates		
1.	Are you currently enrolled in either the ECFVG or PAVE program? If Yes, Indicate Program: ECFVG PAVE	□ Yes	□ No
	NOTE: If enrolled, a letter verifying your enrollment must be sent to this Board directly from AA	VSB or AV	MA.
2.	Have you received a certificate of completion from the ECFVG program or the PAVE program? If yes, please include a copy of the Certificate of Completion with this application.	□ Yes	□ No

Affidavit of Applicant Print The Applicant's Full Name: being first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the content of this application. The information contained in the application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any past or present employer, past or present business or professional association to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the Arizona State Veterinary Medical Examining Board, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application. I authorize the Board to tape record any application interview that is conducted of me in regards to this application. Signature of Applicant: Date: STATE OF _____) COUNTY OF ______) Notary Public Signature

Seal:

My Notary Commission Expires on



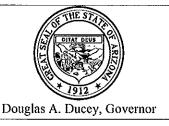
Arizona State Veterinary Medical Examining Board 9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258 Phone: 602-364-1PET (1738) ♦ Fax: 602-364-1039

www.vetboard.az.gov Victoria Whitmore, Executive Director

MORAL CHARACTER REFERENCE FORM

The following applicant will be applying to the State of Arizona for licensure as a veterinarian. We request that you furnish us with the requested information as listed below. Please answer the questions to the best of your knowledge and return this form to the Board office. Form may be faxed or emailed to kodi.calais@vetboard.az.gov Note: This form is to be completed by persons not related to the applicant. If necessary, you may use a second sheet of paper.

Nan	me of Applicant:	Maiden Nam	le:
1.	How long have you known the applicant?	(Must be a minimum of 3 y	rears.)
	Is the applicant or any member of his/her family If yes, please explain:		□ Yes □ No
3.	Through what context do you know the applicar	.nt (work, neighbor, etc)?	
;	To your knowledge, has the applicant ever been animals? If yes, please explain:		□ Yes □ No
	To your knowledge, has the applicant ever failed If yes, please explain:	•	nis/her responsibilities?
(Do you know of any unfavorable incident(s) in to otherwise that may have a bearing upon the charduties not covered by questions contained in this If yes, please explain:	aracter or fitness (moral or otherwis is questionnaire or disclosed in you	ise) to perform professional ur answers? Yes No
Prin	nt Your Name: (Please Print Clearly)	Phone:	
Add	(Please Print Clearly) dress: Street		
You	Street ur Signature:	City Date:	State Zip



Dear Veterinary Medical Examining Board:

Name of Applicant:

Arizona State Veterinary Medical Examining Board 9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258 Phone: 602-364-1PET (1738) ♦ Fax: 602-364-1039

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MORAL CHARACTER LETTER OF RECOMMENDATION PROFESSIONAL QUALIFICATION FORM

Please provide your input regarding the moral character and professional qualification of the applicant. Veterinarian may use his or her own letterhead. Please return to the Board office. Form may be faxed or emailed to kodi.calais@vetboard.az.gov

Signature of Veterinarian:			Phone:	Date:	
Print Veterinarian Name: _ Address: Street	(Please Print Clearly)	City		State	Zip

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258 Phone: 602-364-1PET (1738) Fax: 602-364-1039

VERIFICATION (OF LICENSURE
APPLICANT AUTHORIZATION:	
Name:	License Number:
Address:Street	City State Zip
I authorize the Veterinary Medical Board of Arizona State Veterinary Medical Examining Board.	(State) to release the information below to the
Applicant's Signature	Date
BOARD VERIFICATION:	
Board Address: Street	City State Zip
Board Phone:	Board Fax:
Veterinarian's License Number:	
Date License Issued:	Expiration Date:
Current License Status: (Active, Inactive, Lapsed, etc.)):
Disciplinary Action: No Yes	
Current Disciplinary Action: No Yes	
Pending Disciplinary Action: No Yes	
If "yes" to any disciplinary action, please attach a cer of Law, and Final Order, or the charges of a pending	
Name of Board Official:Please I	
Signature of Board Official:	Print
Title of Board Official:	Date of Signature

Official Board Seal:

ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License Arizona State Veterinary Medical Examining Board

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION
APPLICANT'S NAME (Print or type)
TYPE OF APPLICATION (Check one) ☐ INITIAL APPLICATION ☐ REAPPLICATION
TYPE OF LICENSE/CERTIFICATION (Check one) □ DVM □ CVT
SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION
Are you a citizen or national of the United States? ☐ Yes ☐ No
If Yes , indicate place of birth:
City State (or equivalent) Country or Territory
If you answered Yes , 1) Attach a legible copy of a document from List A (attached) Name of document 2) Go to Section IV.
If you answered No , you must complete Section III and IV.
SECTION III – ALIEN STATUS DECLARATION
To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from List B (Attached) or other document as evidence of your status. Name of document provided
Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c))
☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
☐ 2. An alien who is granted asylum under Section 208 of the INA.
☐ 3. A refugee admitted to the United States under Section 207 of the INA.

	4.	An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
	5.	An alien whose deportation is being withheld under Section 243(h) of the INA.
	6.	An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
	7.	An alien who is a Cuban/Haitian entrant.
	8.	An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.
Nonim	nigr	ant Status (8 U.S.C. § 1621(a)(2))
	9.	A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).
Alien P	arole	ed into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))
	10.	An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA
Other F	erso	ons (8 U.S.C § 1621(c)(2)(A) and (C)
	11.	A nonimmigrant whose visa for entry is related to employment in the United States, or
	12.	A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
	13.	A foreign national not physically present in the United States.
Otherw	ise l	_awfully Present
	14.	A person not described in categories 1-13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).
		SECTION IV - DECLARATION
All app	lica	ints must complete this section.
		nder penalty of perjury under the laws of the state of Arizona that the answers and evidence I have rue and correct to the best of my knowledge.
		APPLICANT'S SIGNATURE TODAY'S DATE

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

- 1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- 2. A driver license issued by a state that verifies lawful presence in the United States.
- 3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
- 4. A United States certificate of birth abroad.
- A United States passport. ***Passport must be signed***
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.
- 13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.